

REDACTED VERSION



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6

1445 ROSS AVENUE, SUITE 1200

DALLAS TEXAS 75202-2733

CONSENT FOR ENTRY AND ACCESS TO PROPERTY

NAME & ADDRESS OF OWNER: **Barbara S. Hillsman, (b) (6)**
DESCRIPTION OF PROPERTY: **320 Church Street, Eagle Lake, TX 77434**

I hereby consent to officers, employees, and authorized representatives of the United States Environmental Protection Agency (EPA) and the Texas Commission on Environmental Quality (TCEQ) to enter and have continued access to property located at 320 Church Street, Eagle Lake, TX for the following purposes:

1. The taking of samples, surface and subsurface, including but not limited to soil, sediments, water, and air, and other solids or liquids stored or disposed of at the property as may be determined to be necessary;
2. The review, and as necessary, the temporary taking of documents on the property which consist of records and other writings that may be determined to be pertinent to the investigation;
3. Other investigative actions at the property as may be necessary to determine nature, extent and potential threat to human health and the environment; and
4. The taking of such response actions as may be necessary, including the removal and disposal of chemicals, chemical containers, and soil and the demolition and disposal of existing structures, to mitigate any potential threat(s) to human health and the environment.

I realize that these actions are taken pursuant to EPA's response and enforcement responsibilities under the Comprehensive Environmental Response, Compensation, and Liability Act, as amended (CERCLA), 42 U.S.C. 9601 et seq.

I am the property owner or an individual having the authority or the authorization of the property owner to make this access agreement. I give this written permission voluntarily with the full knowledge of my right to refuse and without threats or promises of any kind.

Please indicate if you are granting or denying access by marking the appropriate blank below, signing the document, and providing your address and telephone number(s) so that you may be reached by mail or telephone.

GRANTED: yes DENIED: _____

Name (Print): Barbara Hillsman Date: 5/3/10

Name (Signature): Barbara Hillsman

Address: (b) (6)

Telephone Number(s): Home: (b) (6) Work: _____

Fax: _____ email: _____

There is no insurance on this property and I have no insurance, therefore you would be entering at your own risk. Sincerely, B.H.